



APPLICATION
FOR A
LANDFARMING FACILITY PERMIT

7066
DEP 7064 (2/91)



**Natural Resources and
Environmental Protection Cabinet**

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DIVISION OF WASTE MANAGEMENT
FORT BOONE PLAZA
18 REILLY ROAD
FRANKFORT, KENTUCKY 40601

LANDFARMING FACILITY PERMIT APPLICATION

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**NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SOLID WASTE BRANCH
18 REILLY ROAD
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716**

**APPLICATION FOR A
LANDFARMING FACILITY PERMIT**

GENERAL INSTRUCTIONS

1. **Use of this application** - This form is an application for a landfarming permit to allow the Cabinet to determine if the proposed project is consistent with solid waste management area requirements and to review the potential effects on human health and the environment.
2. **Preparation Assistance** - Questions regarding this application form should be directed in writing to the Division of Waste Management, Solid Waste Branch, 18 Reilly Road, Frankfort, Kentucky 40601, or by calling (502) 564-6716.
3. **Submission** - Submit the original and two (2) copies of the completed application to the Division of Waste Management at the address listed above. If an item cannot be answered, leave it blank. If an item does not appear to be applicable to your application, write "N/A" for not applicable.
4. **Filing Fees** - Applicants, except publicly owned facilities, must submit filing fees at the time of application submittal in accordance with 401 KAR 47:090.
5. **Laws and regulations** - Applicants are expected to understand and comply with all laws and regulations applicable to the proposed landfarming facility.

LANDFARMING APPLICATION

ATTACHMENTS

| Attachments | Section | Page Number |
|--|---------|-------------|
| 1. Landfarming lease guidelines | A.7 | _____ |
| 2. Property deed(s) or landfarming lease(s).. | A.7 | _____ |
| 3. Site(s) location (if needed) | A.8 | _____ |
| 4. County solid waste management plan statement | A.9 | _____ |
| 5. Financial assurance statement | A.10 | _____ |
| 6. Application methods narrative (if needed) | C.2 | _____ |
| 7. Waste storage provisions narrative (if needed) | C.3 | _____ |
| 8. Two year application schedule and cropping plan | C.4 | _____ |
| 9. Subplot boundaries narrative (if needed) | C.6 | _____ |
| 10. Worksheet for calculating application rates | C.7 | _____ |
| 11. Enlarged topographic map | D.1 | _____ |
| 12. • Narrative geologic description(s) | D.2 | _____ |
| • Soil properties form | D.3 | _____ |
| 13. Soil Analysis | D.4 | _____ |
| 14. Narrative sampling procedures | D.5 | _____ |
| 15. Fertilizer recommendations | D.6 | _____ |
| 16. Groundwater quality assurance plan | D.7 | _____ |
| 17. Run-on/Run-off control narrative | D.8 | _____ |

**KENTUCKY DIVISION OF WASTE MANAGEMENT
APPLICATION FOR A LANDFARMING FACILITY PERMIT**

A. GENERAL INFORMATION

APPLICATION NUMBER _____

DATE _____

COUNTY _____

FEE SUBMITTED _____

1. Applicant: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____

Contact Person _____

2. Mailing Address (if different from above)

Address: _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____

Contact Person _____

3. Corrections to application are to be made by:

4. Applicant legal status: _____ Government _____ Private

5. Do you now hold, or have you held, any other permit or approval to dispose of solid waste from the Division, including a landfarming permit, registered permit-by-rule, sludge giveaway, or permit modification to landfill? If so, state type, permit number if applicable, and date permit or approval was granted. If you have been granted approval to landfill your sludge, also indicate the landfill name and permit number.

| Type | Permit Number if Applicable | Date of Approval | Landfill Name if Applicable | Landfill Permit Number if Applicable |
|------|-----------------------------|------------------|-----------------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. Type of Application:

☐ New
☐ Renewal (Permit Number # ____ . ____)
☐ Modification (Permit Number # ____ . ____)
☐ Transition (Permit Number # ____ . ____)

7. Provide a copy of the property deed(s), or landfarming lease(s) if the applicant is not the property owner. The lease must conform to the "Landfarm Lease" in the back of application. Label as **Attachment 2**. Refer to the "Landfarming Lease" in Attachment 1.

8. Describe the location of the proposed landfarming site(s), official mailing address and directions to the sites using highways and roads. Label as **Attachment 3**.
9. Provide a statement that the landfarming of solid waste in the county where the proposed landfarming site(s) are located is consistent with the requirements of the solid waste management plans pursuant to KRS Chapters 109 and 224. When landfarming is not determined to be consistent with local requirements, the inconsistencies shall be identified. Also state if there are local ordinances and regulations which govern the issuance of this permit and refer to each. Label as **Attachment 4**.
10. Provide a statement of financial assurance in accordance with 401 KAR 48:310. Label as **Attachment 5**.

B. WASTE COMPOSITION INFORMATION

(Repeat for each source if necessary, item B1 through B5)

1. Waste Source (Generator): _____
Mailing Address: _____
City _____ State _____ Zip Code _____
Telephone Number (_____) _____
Contact Person: _____
2. Solid Waste Classification: _____ Class II _____ Class III

3. Daily design capacity of the plant (gallons per day)

☐ Less than 100,000

☐ 1,000,001 - 10,000,000

☐ 100,001 - 1,000,000

☐ More than 10,000,000

4. Describe the *Process to Significantly Reduce Pathogens*, (401 KAR 48:200 Section 11): _____

5. Total estimated quantity of waste to be disposed per year :

(Choose One)

TONS/GALLON

C. SLUDGE APPLICATION INFORMATION

1. Method of Application:

☐ Subsurface Injection

☐ Surface Application Without Incorporation

☐ Surface Application With Incorporation

2. Describe the application method, equipment and transportation method from the point of waste production to the proposed site. The application method must address the rate and manner of discharge from the truck. The transportation method must state the estimated distance and predicted routes for hauling the sludge. Also describe the distance and route for transporting the sludge. If additional pages are needed, label as Attachment 6. _____

3. Describe waste storage provisions or alternate disposal methods to be used during adverse weather conditions or breakdowns of equipment. (include location of tanks). Address storage capacities and locations of structures. If additional pages are needed, label as Attachment 7. _____

4. Describe the anticipated cropping program for each subplot and the schedule of waste application for each subplot for a period of two (2) years, and calculate an application rate for each crop grown. Complete the two year cropping plan in Attachment 8. _____

4. Describe procedure and equipment used to collect soil samples. Label as **Attachment 14**.
5. Provide written fertilizer recommendations from the county agricultural extension agent for crop nitrogen, phosphorus, potassium, and lime requirements. Label as **Attachment 15**.
6. Submit a groundwater quality assurance plan as **Attachment 16**. The plan shall include but not be limited to:

Submit a Groundwater Quality Assurance Plan. The Plan must include a narrative description of geology/hydrology of the area based on a survey of existing information and a reconnaissance of the site. This should include a description of geologic units, noting any potential water bearing units, any confining units, structural dip and potential groundwater flow direction based on topography and dip.

- a. A description of the surface and subsurface geology of the site; and
- b. A description of the hydrologic characteristics of the site.

Note: Applicants with Class III sludge shall also submit a groundwater monitoring plan as Attachment 16A, to include location and specification of wells, monitoring parameters, and monitoring schedules in accordance with 401 KAR 48:300.

7. Describe how surface precipitation run-off/run-on shall be controlled to minimize the possibility of applied solid waste contaminating nearby surface water or adjacent land areas. Label as **Attachment 17**.

E. PERMIT PREPARATION INFORMATION

Complete the following information if the application was not prepared by applicant:

1. Consultant Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number () _____
Prepared by _____
Kentucky Registration No. (if engineer) _____

2. Geologist, Agronomist, Soil Scientist (or Other) _____
Address _____
City _____ State _____ Zip Code _____
Company Name _____
Phone Number () _____

F. CERTIFICATION

1. Sign the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

Signature and title of mayor, corporate officer or authorized agent (401 KAR 47:160 Section 6(1)(c) and (4)).

(Type or Print) Name and Title

Date

Subscribed and sworn to before me by _____

This the _____ day of _____, 19 _____

Notary Public Signature _____

My Commission Expires _____